



Policies to Assist At-Risk or Runaway, Chemically Dependent Youth

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University of Washington, September 1999

For:
The Washington Division of Alcohol and Substance Abuse,
Department of Social and Health Services

Highlights

The "Becca Bill" created special procedures to admit certain chemically dependent youth to residential treatment facilities. Evaluation data suggest a need to provide an intensified set of service and public education policies to meet the needs of such troubled youth and families.

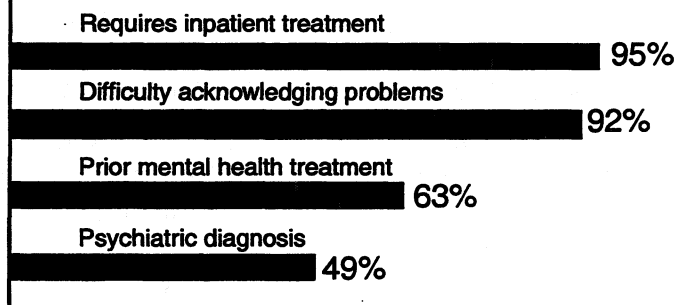
"Becca youth" are a small number of children (about 200 per year), mostly age 14-16, 95% of whom meet national professional standards for intensive inpatient treatment.

Their families are not in a strong position to care for these youth at home, due to parental problems and a history of poor relationships. Most youth sign voluntary admission forms, but half do so grudgingly. However, two thirds of youth later express satisfaction with their treatment.

Level of dependence, emotional problems

- 95% of reviewed cases were found to require inpatient treatment in accordance with national professional standards.
- 92% had difficulty acknowledging alcohol and drug problems and were unable to follow through with treatment in an outpatient setting.
- Almost two thirds (63%) had prior mental health treatment, and half (49%) had a psychiatric diagnosis requiring treatment concurrent with chemical dependency treatment.

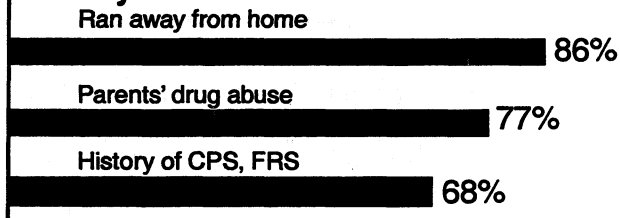
Emotional



Family situations

- Three quarters (77%) report that their parents have a history of drug abuse.
- Two thirds (68%) of families had prior involvement with state Child Protection (CPS) or Family Reconciliation (FRS) programs.
- Most (86%) had run away from home in the 3 months prior to treatment.

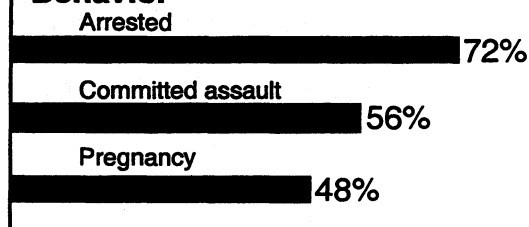
Family



Destructive behavior

- Three quarters (72%) had been arrested.
- Half (56%) had committed assault.
- Half (48%) of female Becca youth report having been pregnant at some time prior to their admission.

Behavior



Intensive inpatient treatment seems to have a substantial impact:

- Half (54%) of all Becca youth abstained from alcohol, marijuana and other drugs in the month prior to the three-month follow-up interview. A majority of those who were not abstinent reported decreased frequency of using alcohol or drugs.
- Running away from home by Becca youth decreased from 90% before treatment to 22% in the three months following treatment.
- Delinquent behavior was cut by more than half, with arrests falling from 72% before, to 30% after treatment.
- School enrollment increased from 52% to 69%. School expulsions of Becca youth declined from 31% before to 7% after treatment.

Admission to residential treatment is only one step in recovery for these high need youth:

- Long waits for admission (58% waited more than one month) cause many youth to miss the window of treatment motivation.
- Half the youth (49%) fail to complete treatment: males leave mostly for severe non-compliance with rules, which often create dangerous situations; females tend to run away from treatment.
- Substantial rates of substance use by self and peers, delinquent behavior, criminal justice involvement, and problems with school and work remain after treatment.
- Most (88%) require further chemical dependency treatment and half (47%) require mental health treatment.

Continued difficulties even after intensive residential chemical dependency treatment indicate that these youth need a carefully coordinated set of services from multiple helping systems:

- Treatment which engages parents and deals with their substance and emotional problems as well as the child's, and which deals with relationships within families.
- Additional residential services so that long waiting times can be reduced to within the window of opportunity for effective treatment while motivation is highest.
- The state should consider both more secure facilities and special treatment approaches to

improve the rate of completing treatment for severely troubled youth.

- Programs for early identification and treatment of emotional problems faced by youth which are linked to their chemical dependence.
- School-linked programs to instill appropriate learning and social interaction skills among chemically dependent youth who have a history of poor school attendance and performance.



Public and Professional Understanding

There is a low level of parental knowledge or awareness of Becca admission procedures. Most learn about it from a chemical dependency professional; some have unreasonable expectations about the level of control to be exerted by parents and law enforcement agencies. Media images often fail to reflect the complex reality of troubled children in troubled families. An effective public education effort should address several goals:

- Improve understanding of the nature of Becca youth and their families in the context of wide-spread substance abuse, emotional problems, and multiple attempts at treatment.
- Help parents understand the range of service options available, so they can actively seek help for their children and avail themselves of all opportunities.
- Facilitate better understanding and convergence of professional views about treatment-resisting chemically dependent youth, based on sharing of quantitative and qualitative data about these youth and families, so that multiple resources can be mobilized on their behalf and applied in a consistent manner.

For questions, copies of this report, or related Washington Kids Count Reports, contact the Human Services Policy Center: (206) 685-7613 or go to our web site at: <http://hspc.org>.

or

Contact the Washington State Alcohol Drug Clearinghouse
1-800-662-9111 (from within Washington State)
(206) 725-9696 (from Seattle or outside Washington State)



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Study Purpose and Scope

This report was commissioned by the Washington State Division of Alcohol and Substance Abuse to examine initial experiences with intensive residential care under the "Becca Bill," and to consider implications for public policy. We examined several evaluations of the Becca Bill, a variety of data produced by DASA, and appropriate data from other sources. We did not collect new data for this study.

Becca Procedures For Admission To Substance Abuse Treatment in Context

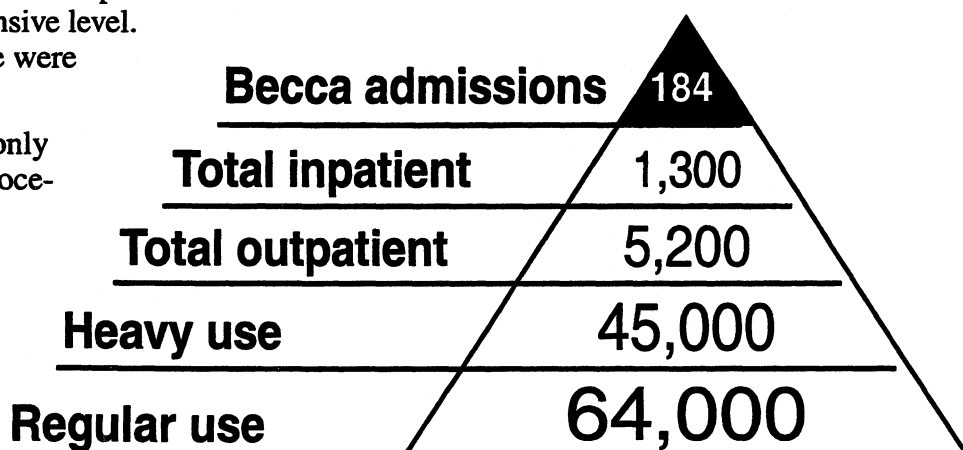
What is the Becca Bill, and how does it apply to substance abuse treatment?

The At-Risk/Runaway Youth Act, known as the "Becca Bill" was passed in 1995 and amended in 1998. The law clarified procedures allowing either voluntary outpatient chemical dependency treatment or, if medically necessary, admission to residential care with or without the child's consent. A variety of petitions for admission without the child's consent are possible, depending on the situation of the child and parents. Two thirds of Becca chemical dependency admissions have been to intensive residential care, one third to basic residential. The average length of stay is about one month, though there is substantial variance.

Becca admissions for chemical dependency treatment are a very small fraction of the number of Washington youth facing substance abuse problems or receiving treatment.

Substance abuse is highly prevalent among Washington youth (ages 14-17). In 1998:

- One in 5 boys, and 1 in 7 girls, reports regular substance use.
- One in 6 boys, and 1 in 10 girls report heavy use of a substance.
- That translates to 45,000 youth potentially in trouble and in need of help for heavy use.
- About 5,200 Washington youth, two-thirds of them male, were reported to have received outpatient treatment.
- About 1300 Washington youth received inpatient care; 700 at a basic, 600 at an intensive level.
A majority receiving inpatient care were male; 54% intensive, 62% basic.
- Of those receiving inpatient care, only 184 were admitted under Becca procedures; half were female.
- The annual number of youth admitted pursuant to Becca increased slightly from 158 in 1996 to 209 in 1997, then declined to 184 in 1998.



Troubled Youth in Troubled Families:

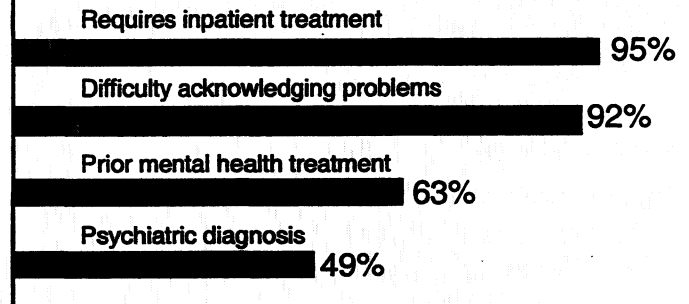
Needs of Youth Admitted to Chemical Dependency Treatment Pursuant to the Becca Bill

Summary

Level of dependence, emotional problems

- 95% of reviewed cases were found to require inpatient treatment in accordance with national professional standards.
- 92% had difficulty acknowledging alcohol and drug problems and were unable to follow through with treatment in an outpatient setting.
- Almost two thirds (63%) had prior mental health treatment, and half (49%) had a psychiatric diagnosis requiring treatment concurrent with chemical dependency treatment.

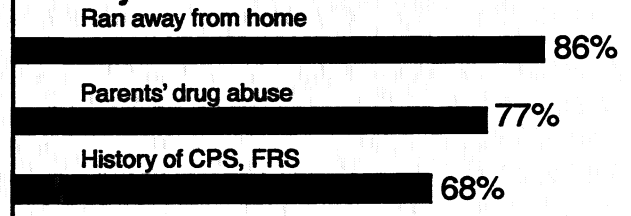
Emotional



Family situations

- Three quarters (77%) report that their parents have a history of drug abuse.
- Two thirds (68%) of families had prior involvement with state Child Protection (CPS) or Family Reconciliation (FRS) programs.
- Most (86%) had run away from home in the 3 months prior to treatment.

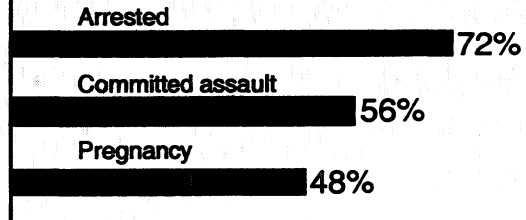
Family



Destructive behavior

- Three quarters (72%) had been arrested.
- Half (56%) had committed assault.
- Half (48%) of female Becca youth report having been pregnant at some time prior to their admission.

Behavior



Youth Admitted To Care Pursuant To Becca Have Multiple, High Levels Of Need

Detailed description.

Levels of chemical dependence and emotional problems:

- 95% of reviewed cases were found to require inpatient treatment in accordance with national professional standards.
- 92% had difficulty acknowledging alcohol and drug problems and were unable to follow through with treatment in an outpatient setting.
- 88% had evidence of physiological chemical dependence.
- Almost two thirds (63%) had prior mental health treatment, and half (49%) had a psychiatric diagnosis requiring treatment concurrent with chemical dependency treatment.
- They were multiple drug users, with more than half (58%) reporting use of three or more types of drugs and alcohol (not counting tobacco).
- Most intensive inpatient clients start their substance use very young, 94% start before age 16. One in five (19%) started before age 11.

Family situation: most Becca youth come from troubled homes.

- Three quarters (77%) report that their parents have a history of drug abuse.
- For all intensive inpatient admissions, 36% report being a victim of domestic violence.
- Two thirds (68%) of families had prior involvement with Child Protective Services, the Family Reconciliation Service or other Children's Administration programs.
- One quarter (24%) of all residential inpatient youth admissions (not just Becca) say they have been a victim of domestic violence.
- Most (86%) had run away from home in the 3 months prior to treatment.
- 100% were reported by their parents to be "out of control".
- One third spent at least one night in shelter or on the street in last three months.
- Service agency staff saw Becca youth as not much different from others, but almost half (46%) of the service agency staff saw Becca kids' parents as more difficult and demanding of treatment, but not willing or able to be effective partners in treatment.

Destructive behavior prior to treatment: Becca youth have a history of behavior which is illegal and harmful to themselves or others.

- Only half (52%) were enrolled in school, and two thirds (69%) had been suspended, one third (31%) expelled.
- Three quarters were arrested (72%), damaged (75%) or stole (72%) property; half (56%) committed assault, a third (37%) carried a handgun.
- Two thirds were reported by their parents to be sexually acting out.
- Half (48%) of female Becca youth report having been pregnant at some time prior to their admission.

Youth and Parents' Experiences with the Becca Admission Process

1. Voluntary vs. coerced admission

There are highly divergent views in the professional community about the desirability of parents seeking a child's admission to residential treatment without the child's consent. The consent laws for chemical dependency treatment are quite different from those governing mental health treatment.

- Chemical dependency, school and DCFS professionals, and law enforcement officials tend to view the Becca admission process as a necessary tool to help obtain care for resistant youth.
- Youth service and mental health professionals view the potential for admissions without the child's consent as undermining youths' trust in professionals and keeping them away from services. One youth service agency reported a drop from 102 to 60 youth seeking services, and said youth were "going undercover" and avoiding service.
- A study of admitted youth show that virtually all youth signed admission forms, though many (53%) of their parents said they did so grudgingly.

On the one hand, once admitted, the youth exhibit little sign of dissatisfaction or coercion in the follow-

up interviews. On the other, a large proportion (40%) of female youth ran away from treatment. While current studies cannot determine whether some youth are being driven away from service, there is little evidence that those admitted pursuant to Becca faced a high degree of coercion. Indeed, after being made aware of Becca petition procedures, almost half (46%) of parents of inpatient youth decided that the procedures were not necessary or appropriate for them.

2. Awareness of Becca provisions

It appears that use of Becca provisions is usually triggered by a professional treatment provider making a parent aware that it is an option.

- Only 18% of Becca, and 27% of non-Becca parents were aware they could sign child into treatment without their child's consent.
- Only 32% were aware from news or media, and only 15% from family or friends, 4% from physicians.
- Chemical dependency treatment providers were the main sources of information about the Becca bill, followed by DCFS and probation counselors and schools.

The negative views about Becca procedures held by youth service and mental health professionals reduce the potential for these groups to help make parents aware of the options available.

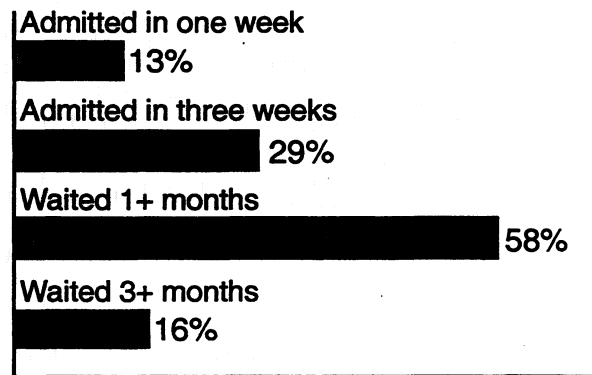
3. Perceptions of Parents

- Only half (54%) of parents aware of Becca procedures considered using them. Others mostly thought it was unnecessary, that their child was willing to get treatment (44%); had insufficient knowledge (29%), perceived the process as ineffective (10%), or followed professional advice not to use (6%).
- More than a third (36%) of Becca parents reported a problem identifying a professional to assess their child's need for treatment, vs. only 20% for non-Becca parents.
- A quarter of Becca parents reported prior unsuccessful treatment admission attempts for their children.
- In fewer than 5% of cases did parents report that treatment was denied because the agency did not agree with parents about the seriousness of the problem warranting treatment.
- A majority (53%) of Becca parents perceived that youth entered treatment grudgingly; nearly all Becca youth signed consent forms.

- Becca youth were described by their parents as more likely to resist admission than non-Becca; 18% vs. 4% resisted admission at all points.

4. Waiting for treatment

- Few (13%) had immediate (less than 1 week) admission.
- Fewer than a third (29%) were admitted within three weeks.
- A majority (58%) waited more than a month; within that 58%, a quarter (27%) waited three months or more.
- While fewer Becca youth were put on waiting lists (46% vs. 61% for non-Becca), actual time before starting treatment were not significantly different for Becca vs. non-Becca youth.



Experiences with Residential Treatment

Youth satisfaction with treatment:

- Overall, two thirds (67%) of Becca and non-Becca youth were satisfied with the treatment they received, and said they would recommend the agency to a friend.
- Three quarters (74%) were satisfied with amount of help received, and three quarters (76%) felt the treatment had helped with their problems.

Parent satisfaction:

- About 80% said they would recommend services to a friend.
- 60% of Becca parents felt that treatment met their child's needs, 75% were satisfied with type and quality of services.

Treatment completion:

- Half (51%) of Becca youth completed treatment. 71% of those in the less intensive Level I facilities completed, compared to only 37% in Level II facilities.

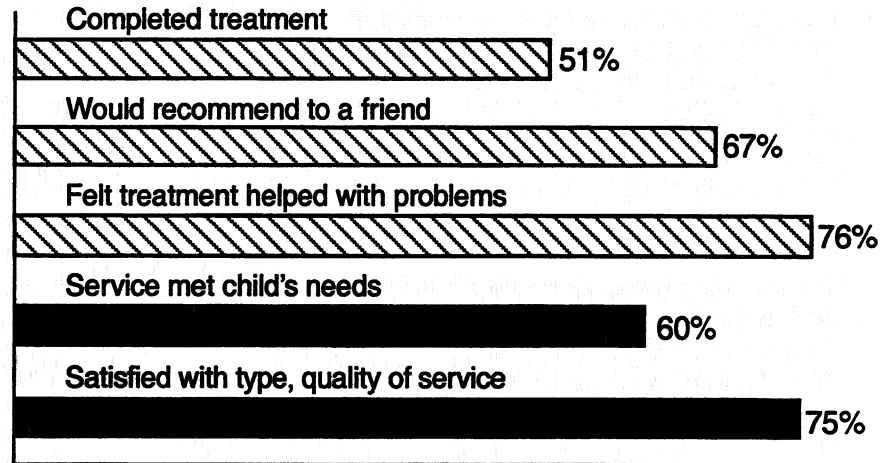
Satisfaction with Treatment

Reasons for non-completion varied by gender:

- The majority of males (56%) terminated early due to rule violations or non-compliance, compared to one fifth (19%) of females.
- Two fifths (40%) of females ran away from treatment, compared to one fifth (19%) of males.

YOUTH

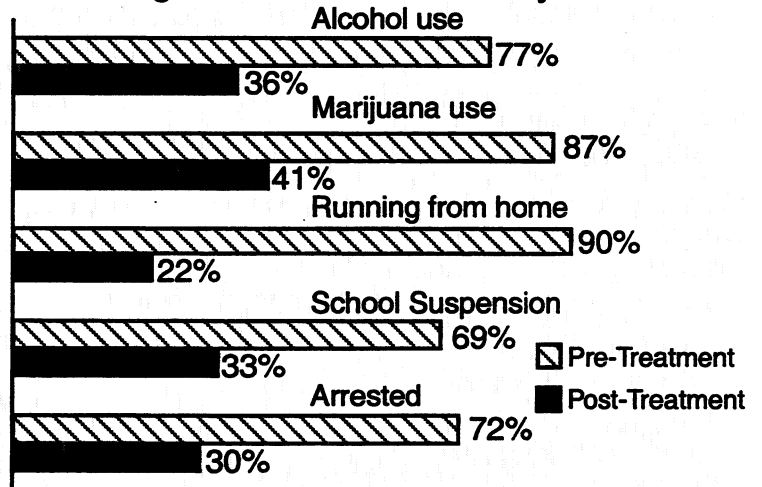
PARENT



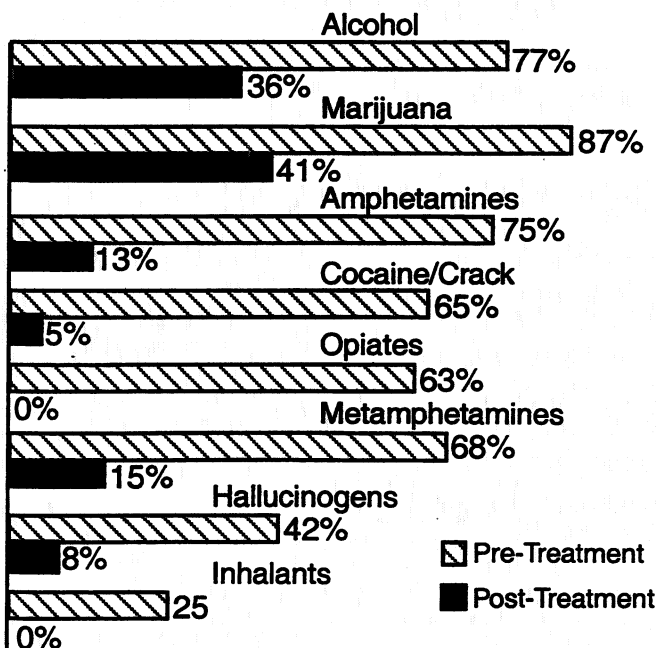
Outcomes of Residential Treatment

Comparisons of Becca youth before and after treatment clearly show that treatment can make a difference in youth behavior, but that substantial problems remain for these hard-core youth. Residential care is only one step in a longer-term recovery process.

Changes in Behavior: Summary



Decline in Substance Abuse



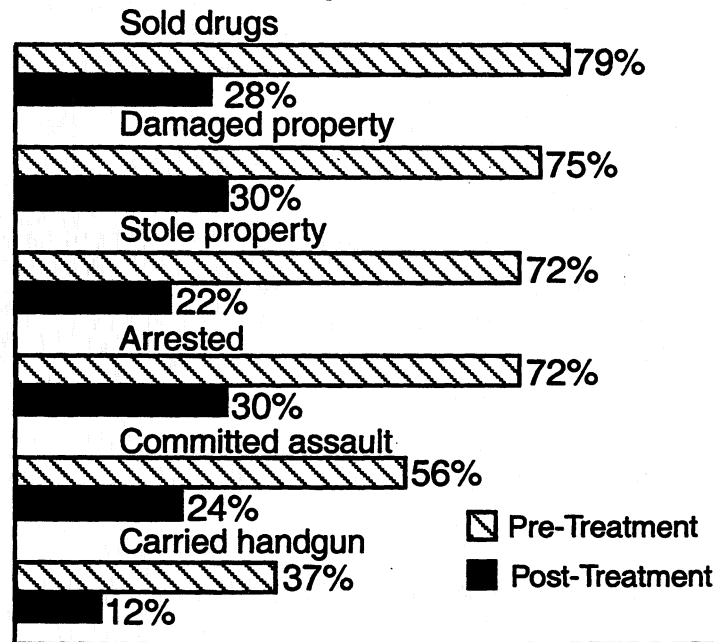
1. Positive impact: decline in substance use after inpatient treatment

- Half (54%) of all Becca youth abstained from alcohol, marijuana and other drugs in the month prior to the three-month follow-up interview.
- Two fifths (39%) were abstinent for the full three months following treatment.
- A majority of those who were not abstinent reported decreased frequency of using alcohol or drugs.

2. Positive impact: decline in delinquent behavior after inpatient treatment

- Running from home by Becca youth decreased from 90% before treatment to 22% in the three months following treatment.
- Three quarters (75%) reported changing friends. Those with no friends who got drunk regularly increased from 5% to 22%; those with no friends who smoked marijuana daily increased from 3% to 22%.
- School enrollment increased from 52% to 69%. Of the Becca youth not enrolled before admission, three quarters enrolled, graduated or earned a GED by three months after treatment.
- School expulsions of Becca youth declined from 31% before to 7% after treatment.
- Two fifths (42%) of Becca youth had been suspended from school prior to treatment but had no suspensions after treatment.
- Delinquent behavior was cut by one half to two thirds after treatment.

Rates of Delinquent Behavior

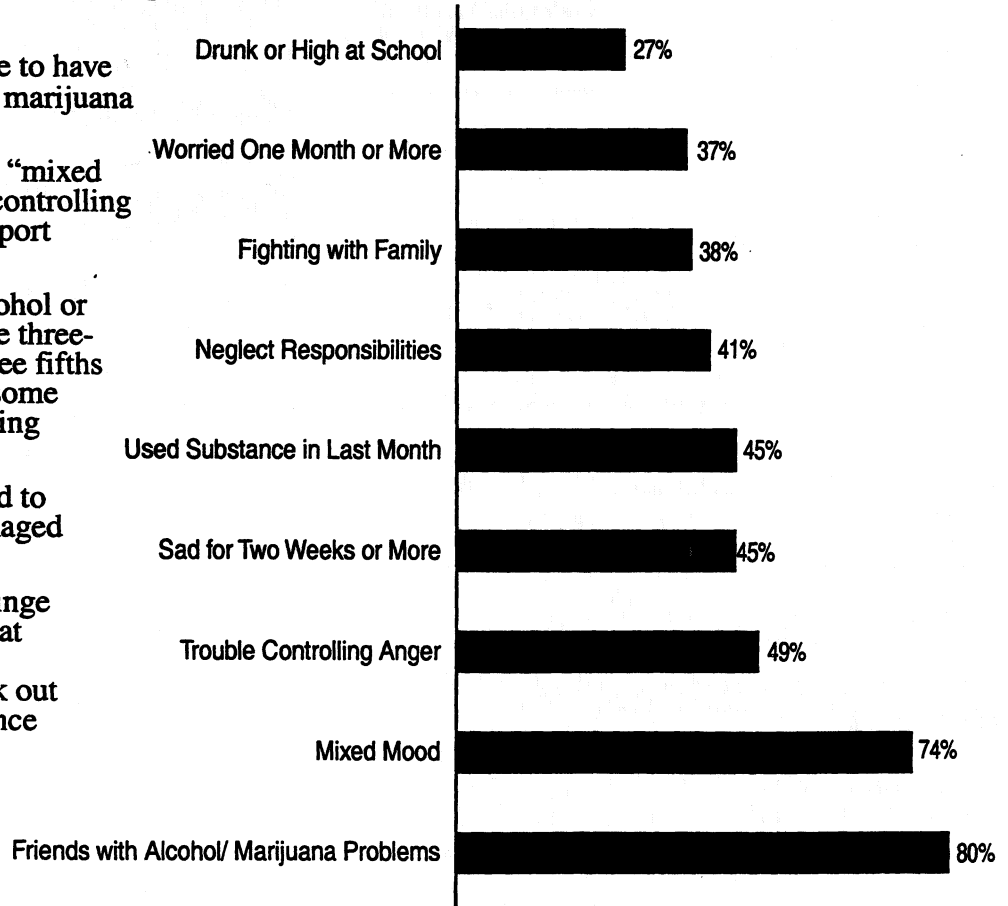


3. Significant problems remaining after treatment

Most Becca youth still have problems with substance use, their emotional state or family relationships after completing residential treatment.

- About four fifths (80%) continue to have friends who get drunk or smoke marijuana on a daily basis.
- Three quarters (74%) reported a “mixed mood”, half (49%) had trouble controlling their anger, and a third (38%) report fighting with their family.
- Almost half (45%) had used alcohol or drugs in the month preceding the three-month follow-up interview. Three fifths (61%) used alcohol or drugs at some point in the three months following treatment.
- About one third (30%) continued to commit crimes (sold drugs, damaged property and were arrested).
- One in four (25%) engaged in binge drinking, or were drunk or high at school (27%); one in five used enough drugs or alcohol to black out (20%) or drove under the influence (19%).
- One quarter (23%) experienced school suspensions both before and after treatment.

Remaining Problems



4. Need for more treatment

- Most (88%) reported receiving additional chemical dependency treatment after discharge; half (53%) received outpatient treatment, one fifth (22%) received additional inpatient care.
- More than twice as many of those who completed treatment (64%) received outpatient care than did those who dropped out (28%), indicating that outpatient care was the desired follow-up in the continuum of care for those with a serious dependency.
- Half to two thirds of Becca youth reported signs of emotional disturbance at the three-month post treatment follow-up interview: 74% had a “mixed” mood, 37% felt worried or anxious for more than a month, 49% had trouble controlling their anger, 45% were sad for two or more weeks.
- Almost half (47%) of Becca youth received some form of mental health treatment after completing or leaving CD treatment.

Conclusion: Policies to Meet the Needs of Children and Parents

The data clearly show that using Becca procedures to obtain intensive residential chemical dependency treatment is appropriate for this group of highly troubled youth. They end up satisfied with the treatment they receive and show substantial improvements in their behavior. However, the data also show that for such highly troubled youth, many coming from troubled family situations, substantial problems remain after treatment. Becca-based admission to intensive residential care must be seen as only one step in a longer-term recovery process. More intensive, coordinated modes of care are required to address their multiple serious problems. Interventions must work with parents to address their substance abuse, emotional, or family interaction problems, as well as working with youth. The state should consider both more secure facilities and special treatment approaches to improve the rate of completing treatment. Evaluations also reveal a lack of public and parental understanding about what options are available to guide such troubled youth to getting the help they need. A concerted effort to improve public and parental information, and to resolve conflicting views of different groups of professionals would assist assuring that these highly troubled youth obtain the services they need.

Better public, professional and parent information and understanding

The reality revealed by these data is far more complex than the two contrasting images often portrayed by the media. One image is of stable, loving parents trying desperately to obtain care for youth who are either seriously disturbed or simply incorrigible. The other image is of runaway youth fleeing from abusive parents who are trying to exert control and force them to return to dangerous homes. While each of these extreme images may be accurate for a small percent of the youth actually admitted to chemical dependency treatment under the Becca Bill, most children and families exhibit a challenging combination of these characteristics. Admitted youth are highly troubled, with both serious addiction and serious emotional

problems. The parents care deeply for their children, but are themselves troubled, with high rates of substance abuse and a history of conflict within the family. Appropriate referral and treatment plans must be based upon this complicated reality.

There is little public awareness of how the Becca law works. Most parents learn about it only when they talk to a chemical dependency professional in the process of seeking treatment for their child. Most are unaware that they can commit their child to treatment without obtaining the child's consent. Some parents who have heard about the Becca law have the inaccurate impression that they can call a law enforcement official and have their child arrested and locked up.

The various professionals serving troubled youth - chemical dependency counselors, child and family

workers, youth service and law enforcement officials - display widely divergent views and understandings about the nature and dynamics of these youth. Some see a great need to place troubled youth in care, even if the admission is involuntary, and perceive the Becca Bill as having added valuable tools. Others fear that the potential of involuntary commitment to treatment is driving troubled youth underground and keeping them from service; one agency reported a decline from



102 to 60 youth seeking service over a year. It would greatly facilitate gaining the trust of youth and obtaining the full set of required services if a convergence of views could be facilitated.

Parents are not aware of how prevalent regular substance use is among youth, and do not appear to have the knowledge and resources necessary to guide their children on a path which will

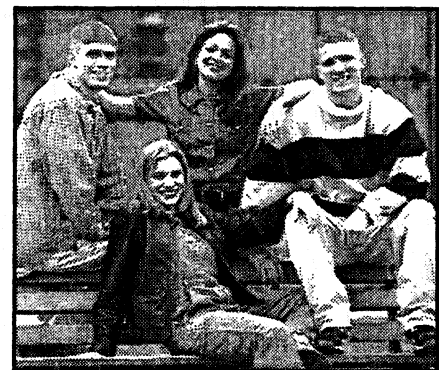
keep them safe. The highly troubled youth admitted under Becca represent a small fraction of the substantial portion of Washington adolescents who regularly use harmful substances. Yet the obvious problems of poor school performance, suicide attempts, and violence to others exhibited by Becca youth, affect other adolescent users to a lesser but still troubling degree.

Policy makers should therefore consider a three-pronged public education effort. One part should demonstrate that the dramatic problems encountered by Becca youth and their parents are linked to a broader problem of teen and parent substance use. Youth, parents, and providers should all become critical consumers of media messages which glorify substance use. The public should be helped to understand both the roles of individual youth and their families in causing substance abuse, and the effects of widespread use on poor school performance, youth violence and job readiness. The second component should educate parents about the full continuum of services available to them, from school and community based prevention, to outpatient treatment, to involuntary admission to inpatient treatment. While such education efforts should show the potential help which is available, they should avoid over-selling the level of control parents can exert, and be realistic about how difficult treatment can be when a child has reached a high level of dependency. However, if those difficulties can be set in the context of the success of

prevention and early intervention, they can be a powerful motivator for action. The third component would be a joint effort by various divisions of Department of Social and Health Services (Division of Alcohol and Substance Abuse, Juvenile Rehabilitation Administration, Department of Children and Family Services) to examine data about these youth, aimed at developing a convergence of professional understanding across chemical dependency and youth services professionals, school teachers and counselors, mental health workers, and law enforcement officials.

Develop multi-system care options which treat child and parents as unit

The data we have presented show that children admitted pursuant to Becca have a history of troubled family relations. They also face a combination of chemical dependency and serious emotional problems. Their history of suspensions from school and association with substance abusing peers and criminal activity limit their development of social skills and productive capacity. Their continued difficulties even after intensive residential chemical dependency treatment indicates that they need a carefully coordinated set of services. These should include treatment which engages parents and deals with their substance abuse and emotional problems as well as the child's; services for emotional disorders faced by children and youth, and educational programs which instill appropriate approaches to learning and social interaction. The design effort should consider what changes



in practice could increase the rate at which Becca youth complete a full course of treatment. This should be built upon careful analysis of the characteristics and dynamics affecting the youth who do not succeed in the current service system. The multiple services required for highly troubled youth could be built into specially designed residential facilities,

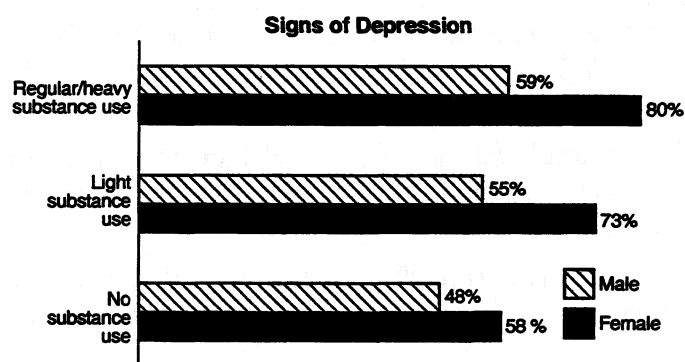
alternative schools or service centers; or they could be drawn together on behalf of high need youth by specially trained case managers. To make a coordination approach succeed, high need youth would have to be given admissions priority for all service components, and funding regulations would have to allow large amounts of concurrent services. It is also important to study similar chemically dependent youth who are not receiving treatment, to understand whether the potential for admission without consent or other factors are driving them away from treatment.

Services to family units. Three quarters of Becca youth report having parents with a history of their own substance abuse problems. Two thirds have a prior history of involvement with Child Protective Services or Family Reconciliation Services. The parents' inability to work effectively with their children at home to address their problems is a major component in the appropriateness of their residential admission and care. While intensive residential care may be necessary to turn around the lives of these troubled youth, it alone cannot achieve the Becca Bill desire to return children to a protective and nurturing home environment. That can only occur if the treatment programs involve both youth and parents, and deal with each of their problems and well as with relationships in the family unit.

Provide more residential treatment beds to reduce the long wait. More than half (58%) of Becca youth missed the prime motivational window of rapid admission, waiting more than a month; only 16% were admitted rapidly, within a week of assessment. If more funds are invested in intensive residential treatment facilities and this waiting period reduced, treatment completion rates and post-treatment outcomes may improve. The state should consider both more secure facilities and special treatment approaches to improve the rate of completing treatment.

Early detection and treatment of emotional problems of youth. Almost two thirds of Becca youth had prior treatment for emotional problems, and half had a concurrent serious psychiatric problem. This suggests that these youth have a history of emotional problems which could be detected and treated before they reach the level of desperation. Our analyses of the Washington Adolescent Health Survey suggest that about a third of our youth are showing signs of depression, and that these signs are evident at least as early as middle school. Those who are regular or heavy substance users are about 30% more likely to say they are depressed than those who do not use at all. Signs of depression are shown by a majority (59%) of the

male, and three-fourths (80%) of the female teenagers who are regular or heavy users of harmful substances. Almost two thirds (62%) of adolescent women who are regular or heavy users of harmful substances say that "In the past year I have felt depressed most days." Policy makers should therefore consider large-scale early identification efforts and provide counseling and treatment services on a scale commensurate with the problem. They should also consider what needs to be done to improve the effectiveness of services for children's emotional disorders, so that many who have received treatment do not end up as chemically dependent runaways.



Invest in more treatment to reach a larger percent of troubled, addicted youth. If we recognize the small number of highly troubled youth requiring intensive residential treatment as a fraction of youth facing serious problems of substance abuse, then policymakers would be wise to invest funds which address the problems before they reach the crisis stage. Some youth will always have such serious emotional and family problems that they are likely to require intensive treatment. But if prevention and early intervention programs for middle and high school age youth were funded at a scale commensurate with the large number of youth who are regularly using alcohol and drugs, then fewer would reach the point of addiction and running from home. The gains in better youth performance in school and work, and reduced engagement in crime and violence would provide a valuable return on the investment.

Notes and Data Sources

1998 youth treated for substance abuse - DASA target tracking data from Felix Rodriguez, Ph.D.; Becca Tracking data summary from Sue Green, M.P.A., DASA.

Levels of adolescent substance use in the general population, and relationship of substance use and depression: HSPC Analysis of 1998 Washington Adolescent Health Survey. "Regular substance use" is defined as hard drugs, 3-5 times per month; alcohol and marijuana, 6-9 times per month; cigarettes, 6-20 per day. "Heavy substance use" is defined as hard drugs, 6+ times per month; alcohol and marijuana, 10+ times per month; cigarettes, more than 1 pack per day.

Appropriateness of Treatment, Characteristics of Becca Youth: "Evaluation Report on the Appropriateness of Treatment: Youth Admitted to Residential Chemical Dependency Treatment Under the 'Becca Bill'" Peggy L. Peterson, Ph.D., M.P.H., Alcohol and Drug Abuse Institute, University of Washington. Revised October, 1997. Data note: "intensive inpatient" data are from TARGET, not specifically Becca; supplied by F. Rodriguez.

Treatment Outcomes: "Treatment Outcome Evaluation: Youth Admitted to Residential Chemical Dependency Treatment Under the Provisions of the 'Becca' Bill." Final Report, Revised, 12/16/97. Peggy L. Peterson, Ph.D., M.P.H., Debra Srebnik, Ph.D., Caleb Banta-Green, MPH, MSW, Brent Baxter, Ph.D. Alcohol and Drug Abuse Institute. University of Washington.

Professional Attitudes about implementation and impact of Becca Bill. "Implementation of the 'Becca' Bill: A Process Evaluation." Final Report, Revised February, 1998. Peggy L. Peterson, Ph.D.; Alcohol and Drug Abuse Institute, University of Washington.

We appreciate receiving special computer analyses from the Alcohol and Drug Abuse Institute (ADAI), University of Washington, and using data from several evaluation reports produced by ADAI.

**For Questions, Copies of This Report, or Related Washington Kids Count Reports,
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**Contact the Washington State Alcohol Drug Clearinghouse
1-800-662-9111 (from within Washington State)
(206) 725-9696 (from Seattle or outside Washington State)**

